



**7. Total HVAC experience:**

(A) List the name and address of HVAC employers and date of employment.

<u>Employer Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Phone number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(B) Number of HVAC work hours for which records are available: \_\_\_\_\_

(C) List any schools with HVAC training in which you have attended. Attach certificate or transcript.

<u>Title</u>	<u>Presented by</u>	<u>Dates</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____

*The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder; refuse to issue or renew a license or certificate; or reprimand censure, or fine a license or certificate holder for any fraud or deceit in obtaining licensure or certificate, pursuant to KRS 198B.672 (1).*

**Applicant's Signature:**

\_\_\_\_\_

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

The applicant, whose name is, \_\_\_\_\_, being duly sworn declares that foregoing statements subscribed to him are true to the best of his knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_